


Purpose of Briefing

- The purpose of this briefing is to prevent suicide, improve our quality of life, and to enable each of us to effectively accomplish the AF mission.
- By the end of this briefing we hope each of you will be able to recognize when others are in distress and then to match the person's needs with community resources.
- Suicide is not prevented in the hospital emergency room. It is prevented in the unit by our involvement in each other's lives.
- Preventing suicide is not a medical problem, it is a community responsibility



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"Because I believe I am unable to continue to be an effective Air Force officer, I will not return to work next week. I am leaving a copy of this for X so she will not expect me at work on Monday...I regret any inconvenience this causes anyone but I cannot go on anymore. I know you all deserve better, I am sorry I let you down."

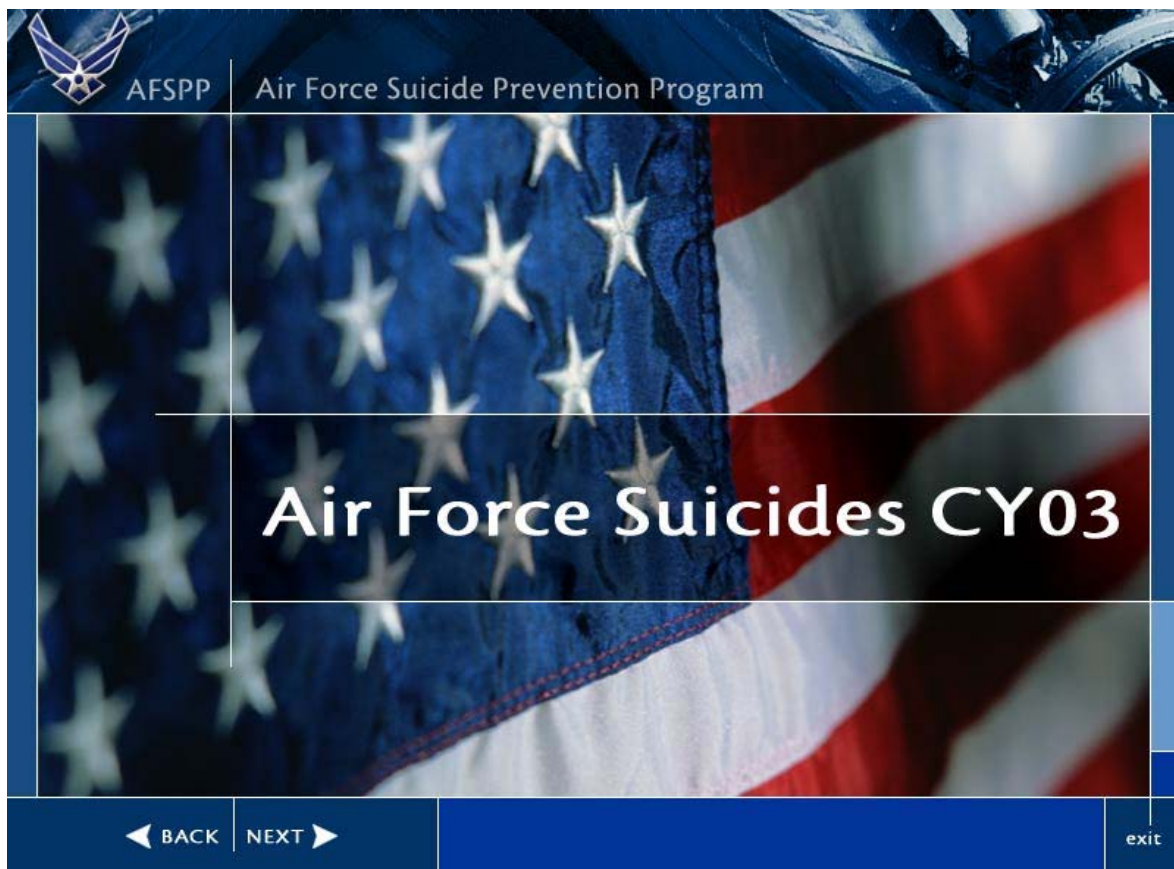
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Suicide Note exit

Part of a Suicide Note

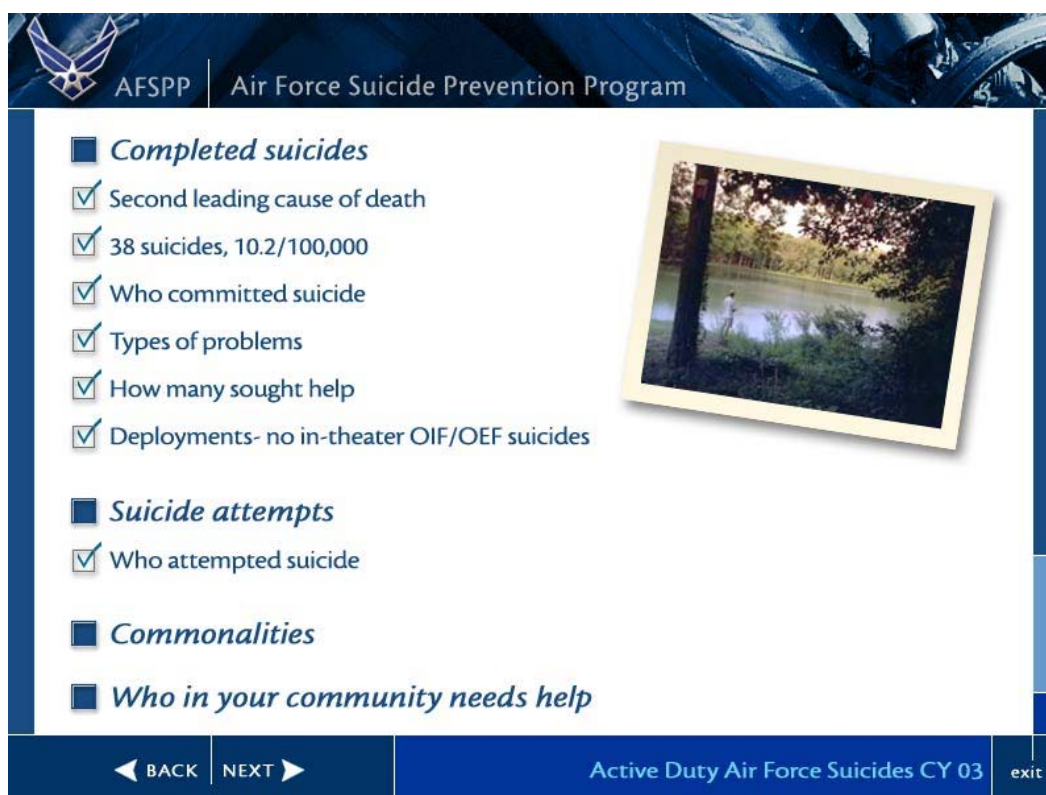
“Because I believe I am unable to continue to be an effective Air Force officer, I will not return to work next week. I am leaving a copy of this for X so she will not expect me at work on Monday....I regret any inconvenience this causes anyone but I cannot go on anymore. I know you all deserve better, I am sorry I let you down.”

- Above is one paragraph of a six paragraph suicide letter.
- The suicide note was left in a supervisor’s box on a Friday afternoon, but the supervisor did not take it seriously and did not take any actions.
- If that suicide note was given to you, would you know how to respond?
- A young Airman saw the letter Monday morning and immediately contacted emergency services who went to the person’s home. When the ambulance arrived the person was just barely alive, but his life was saved.



Who Took Their Life in 2003?

Someone's wife, husband, father, mother, son, daughter, supervisor, supervisee, co-worker, friend, neighbor...



The slide is titled "AFSPP | Air Force Suicide Prevention Program" and features a blue header with a stylized eagle logo. The main content area is white with a blue border. It lists several topics with checkboxes, some of which are checked. A photograph of a person sitting on a bench by a pond is shown on the right side. The bottom of the slide has a blue navigation bar with "BACK" and "NEXT" buttons, and a footer area with "Active Duty Air Force Suicides CY 03" and an "exit" button.

- ☐ **Completed suicides**
 - ☒ Second leading cause of death
 - ☒ 38 suicides, 10.2/100,000
 - ☒ Who committed suicide
 - ☒ Types of problems
 - ☒ How many sought help
 - ☒ Deployments- no in-theater OIF/OEF suicides
- ☐ **Suicide attempts**
 - ☒ Who attempted suicide
- ☐ **Commonalities**
- ☐ **Who in your community needs help**

Navigation: [BACK](#) [NEXT](#) [exit](#)

Active Duty Air Force Suicides CY 03

- Rate per 100,000 is a more accurate way of reporting suicide since the AF population varies year to year.

Who Committed Suicide in CY03?

- Which gender had the highest suicide rate: 35 suicides in CY03 were males, 3 were female
- Which group was more likely to commit suicide: single, married, or divorced: single (35% of AF but 50% of suicides) and divorced (6% of AF but 13% of suicides).
- Which rank was more likely to commit suicide: E-3s (16% of AF but 29% of suicides) and E-4s (15% of AF but 24% of suicides).
- Which age group was more likely to commit suicide: 17-24 years old (37% of AF but 47% of suicides).

What Types of Problems Do You Think Those Who Killed Themselves Were Struggling With?

- Romantic relationships, legal problems, financial issues, substance abuse, and/or work problems.

How Many Sought Help With Their Problems?

- During the month prior to their deaths, less than ¼ sought help at the Life Skills Support Center. But...99% of these people were seen by co-workers and supervisors on a daily basis prior to their deaths.

Suicide Attempts

- Not everyone who attempts suicide dies. Factors associated with ADAF suicide attempts are: student status (e.g., AETC); female; lowest ranks and youngest age group (17-24); single or divorced; relationship, legal, and/or work problems.

Commonalities Among Those Who Attempt and Complete Suicide

- Do you see the common problems in both those who attempt and complete suicide with relationships, the legal system, substance misuse, and work?

Who In Your Community Needs Help?

- Based on the information given, who do you think in our community needs help? Do you know the resources available to help them?




The slide features a background image of the American flag. At the top left is the AFSPP logo, which consists of a stylized eagle with wings spread, perched on a star. To the right of the logo, the text "AFSPP" and "Air Force Suicide Prevention Program" is displayed. The main title, "Identifying Individuals Who May Be At Risk For Suicide", is centered in a large, white, serif font. At the bottom, there is a navigation bar with a blue background. It contains a "BACK" button with a left-pointing arrow, a "NEXT" button with a right-pointing arrow, and an "exit" button on the far right.

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Identifying Individuals Who May Be At Risk For Suicide

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How do we identify those who are at risk for suicide?



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*To my beloved wife
 This will be the last time we will talk. I want you to know I loved you so much! I kept asking myself why? I could come up with no answer! Don't worry about me. Now, I am at peace with God! Finally I thought I would be afraid to die and I am. God put me on earth & I was a FAILURE! I'm sure I can do his will much better in heaven. Please comfort my mom. She will need you more than ever! I'm so sorry Chris! I loved you more than life itself, if only you believed in me! I will be your holy spirit forever AMEN! I ♥ U! XOXOXOXO*

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Suicide Note | exit

“To my beloved wife. This will be the last time we will talk. I want you to know I loved you so much! I kept asking myself why? I could come up with no answer! Don’t worry about me. Now, I am at peace with God! Finally I thought I would be afraid to die and I am. God put me on earth and I was a FAILURE! I’m sure I can do his will much better in heaven. Please comfort my mom. She will need you more than ever! I’m so sorry Chris! I loved you more than life itself, if only you had believed in me! I will be your holy spirit forever amen! I love you!”

- A 19 yr. old white male had been married for six months when his wife left him, returning to live with her mother.
- Two days after wife left he hanged himself, leaving this note on the back of his wedding picture.



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<input checked="" type="checkbox"/> Relationship problems*	<input checked="" type="checkbox"/> Significant sleep problems resulting in impaired judgement*
<input checked="" type="checkbox"/> Legal/admin problems	<input checked="" type="checkbox"/> Work problems*
<input checked="" type="checkbox"/> Substance abuse*	<input checked="" type="checkbox"/> Setbacks or failures
<input checked="" type="checkbox"/> Financial problems*	<input checked="" type="checkbox"/> History of abuse
<input checked="" type="checkbox"/> Social Isolation*	<input checked="" type="checkbox"/> Major life transitions
<input checked="" type="checkbox"/> A sense of powerlessness, hopelessness*	<input checked="" type="checkbox"/> Serious medical problems
<input checked="" type="checkbox"/> Firearm in the house*	<input checked="" type="checkbox"/> Prolonged & overwhelming stress*
<input checked="" type="checkbox"/> Acting reckless or impulsively*	

**Modifiable – Can be changed through appropriate and timely intervention.*

◀ BACK NEXT ▶ Risk Factors Associated with Suicide exit

Suicide Note From Previous Slide

- Which risk factors listed above apply to the young man who took his life in the previous slide?

Definition of Risk Factors

- Risk factors are those things that **increase** the probability that difficulties will result in the development of serious behavioral or physical health problems.

Modifiable

- Items with a * are modifiable and can be changed through appropriate and timely intervention.

Factors Present In Your Life?


- Look the list over, how many risk factors are present in your life?

Factors Present In The Lives Of Those Around You?

- How many of these risk factors are present in the lives of the people you work with or supervise?
- Be aware of increased alcohol use, substances are often used by people to medicate their unhappiness/pain.
- Family violence, substance abuse, and self-harm are frequently related. If you see problems in one area, it should alert you to the need to ask questions about the other two areas.
- Who is in a better position to recognize something is wrong and to provide support than the people a person spends most of the day with?

You Can Decrease The Quantity/Quality Of Risk Factors In Your Life

- Many risk factors can be modified, reduced, or eliminated.
- Squadron, flight, element, and section leaders must create an environment where seeking assistance is encouraged.
- It is important to note that these risk factors are not exclusively associated with suicide, but are also conditions of vulnerability for a variety of other behavioral and physical problems.



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Protective Factors Associated with Prevention of Suicide

- ✓ Effective coping and problem-solving skills
- ✓ Social & family support
- ✓ Optimistic outlook
- ✓ Sense of “belonging” to a group or organization
- ✓ Marriage
- ✓ Physical activity
- ✓ Spirituality
- ✓ Easily accessible helping resources
- ✓ Participation and membership in a community

- ✓ Belief that it is okay to ask for help
- ✓ Sense of control



Definition

- Protective factors are those things that **reduce** the probability that difficulties will result in the development of serious behavioral or physical health problems.
- The presence of these protective factors, do just that, they protect us and reduce the degree an event negatively impacts us.

Factors Present In Your Life?

- Look the list over, how many protective factors are present in your life?

Factors Present In The Lives Of Those Around You?

- How many of these protective factors are present in the lives of the people you work with or supervise?

You Can Increase The Quantity/Quality Of Protective Factors In Your Life

- Protective factors can be modified and changed with intervention. You can develop healthy intimate relationships, gain social support, increase your level of physical activity, develop good coping skills, seek help, etc.
- Remember the unit plays an extremely important role in supporting people.
- A person’s social support is commonly drawn from the friends they have at work.

Spirituality

- Spirituality is a protective factor in that those with higher levels of spirituality often possess a sense of purpose and meaning to their life, and their spirituality provides a “community” and “belonging.”
- The absence of all the above increase one’s suicide risk.



Protective Factors Balance Risk Factors

- Every person is at some risk for experiencing problems based on their balance of risk and protective factors.

Key Is To Increase Protective Factors And Decrease Risk Factors

- The key for suicide prevention is to **increase** the protective factors and to **decrease** those risk factors that can be modified.
- We must not just focus on eliminating negative factors but also ensure positive factors are present in the lives of Air Force members.
- Resiliency is the ability to bounce back from adversity.



Examining Balance

- Another easy/quick way of examining the issue of balance in our lives and in the lives of those we work with, is to think in terms of four dimensions of wellness.

Four Dimensions

- Perform a simple assessment of the following four areas of your life.
- Physical Dimension-within normal weight, balanced and healthy diet, exercise program, ingesting healthy substances that do not pollute the body. A healthy body helps us cope with stress.
- Emotional Dimension-happiness, compassion, self-esteem, sense of optimism and hope, methods of coping with stress, problem-solving skills, etc.
- Social Dimension-healthy relationships at work, home, and play; involvement in group and community activities. Social connections have been found to save lives.
- Spiritual Dimension-faith in something bigger than yourself, sense of peace and purpose. Our beliefs sustain us in challenging situations.

Diagnostic Check

- If you ran a diagnostic check-list on your life or your co-workers lives, what would you find?
- If the check reveals areas in need of attention, there are resources available to help.


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Sources and Types of Help
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■ IDS

■ Community sources of support

- ☒ Family, friends, supervisors/leaders
- ☒ Chaplain
- ☒ Family Support Center
- ☒ Health and Wellness Center
- ☒ Life Skills Support Center
- ☒ Family Advocacy
- ☒ Alcohol and Drug Abuse Prevention and Treatment Program
- ☒ Family Member Programs

■ AF Suicide Prevention Website:
<https://www.afms.mil/afspp>

■ Types of help

- ☒ Marriage/relationship classes/support groups
- ☒ Financial counseling
- ☒ Deployment assistance, coping with separation
- ☒ Parenting classes/support groups
- ☒ Conflict resolution
- ☒ Pastoral counseling/support



Question

- If someone came to you with a problem, would you know the agencies and resources available to help them?
- All of us, and especially those of us who are supervisors, have a sacred responsibility to know how to match people's needs with community resources.

IDS and Community Sources of Support


- Each base has an Integrated Delivery System (IDS) consisting of all the helping agencies on a base. As individual agencies and as a collaborative agency, the IDS exists to serve the community needs.

Types of Help

- List those services (classes, support groups, workshops) available at your base: Financial counseling, employment assistance, couples classes/support groups (PREP Fighting for your Marriage), parenting classes/support groups (Boys Town Commonsense Parenting), deployment assistance, respite care, Infant and Toddler University play groups, conflict resolution workshops, dealing with difficult people workshops, pastoral counseling, life skills workshops, depression management classes/support groups, anxiety management classes/support groups, etc.

IDS Handout

- Ask your IDS to put together a handout that lists each of the services above, the POC, and their telephone number.


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☐ **Warning signs of increasing stress**

☐ **Seek help as soon as possible if you:**

- ☒ Have a suicide plan
- ☒ Write or talk about death, dying, or suicide
- ☒ Can't sleep and acting impulsively
- ☒ Feel intolerably restless
- ☒ Feel hopeless
- ☒ Don't see a future without pain
- ☒ Feel trapped as though nothing will help
- ☒ Experience tremendous guilt or shame
- ☒ Experience seemingly endless emotional pain and suffering
- ☒ See yourself as worthless or a failure
- ☒ Can't get out of a depression

ALWAYS SEEK HELP IF YOU HAVE THOUGHTS OF HURTING YOURSELF



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When to Seek Help for Yourself and Others

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How Do You Know When You Or Others Need Help?

Warning signs of increasing stress:

- Sleep- trouble falling or staying asleep, sleep too much or too little
- Interests- not enjoying normal day-to-day activities that used to give you pleasure
- Energy- restless/agitated, fatigued/tired all the time, just can't get moving, feel rundown
- Concentration- difficulty concentrating or feeling preoccupied, having a hard time making decisions
- Appetite- more or less than usual, lost weight when you were not trying
- Relationships- withdrawal, don't want to interact with family or friends as much
- Drinking or smoking more than usual
- Mood- irritability, anger, tearfulness, easily frustrated

Seek Immediate Help

- If you have a suicide plan
- There is a saying, "It's a bad day to kill yourself when you are suicidal."
- When you are suicidal you aren't thinking clearly.
- "Suicide is a permanent solution to a temporary problem."
- The problem is, when you are suicidal your ability to problem solve is reduced, you need others to help you see the alternatives.




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Ways to Respond

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I love you and the kids, but I just can't live with myself anymore. I am overwhelmed with life. I hurt - my head, my throat, my guts. I can't think straight anymore. I'm overwhelmed at work. I have become ineffective. I need to sleep. I'm sorry!

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Suicide Note | exit


“I love you and the kids but I just can’t live with myself anymore. I’m over-whelmed with life. I hurt – my head, my throat, my guts. I can’t think straight anymore. I’m overwhelmed at work. I have become ineffective. I need sleep. I’m sorry!”

- 26 year old male was extremely unhappy with his work and depressed over problems in his marriage.
- This note illustrates the utter hopelessness and despair felt by many suicide victims and also illustrates the fact that many of them don’t want to die so much as they want relief from their problems. When they come to the conclusion that their problems are hopeless, death is seen as a means of escape. In this case it did provide the “sleep” this tormented man so desperately wanted.
- The problem is that the sleep he achieved was permanent. This person lost the chance to watch his children grow up, to hold his grandchildren in his arms, to meet future personal goals, to watch beautiful sunsets, look at new snow on the ground, etc.


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Helpful Approaches
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- *Ask about Suicide*
 - ✓ Describe what you are seeing
 - ✓ Be honest and direct
- *Share your concerns*
- *Use open-ended questions*
- *LISTEN - pay attention to their emotions*
- *Repeat their words*
- *Express caring and hope*
- *Share community sources of support*
- *Be a life saver - refer them to people who can help*




Suicide Note From Previous Slide

- Most suicidal people don't really want to die, what they want is for their life situation to change but do not know how to produce that change except through death.
- If the young man who took his life in the previous slide was sitting across from you, how would you respond?

Helpful Approaches

- Many people fear that they might "say the wrong thing" when talking with someone who is suicidal or very upset.
- While you are waiting for the right time or thing to say, the person may be finalizing their death.
- If you use the following guidelines, you will be better equipped to "say the right thing."
- **Ask:**
 - Describe what you are seeing, "Gee, I have noticed you are (unshaved, coming into work late, uniform is dirty, short-tempered, low energy, having trouble concentrating, etc.), I am wondering if you are okay?"
 - Be direct: "Sometimes people facing similar problems think about suicide, are you thinking about killing yourself?"
- You can be of great assistance to others by simply letting them know someone cares about them.
- Use open-ended questions like, "How are things going?" "How are you dealing with the?"
- Listen, allow them to talk without interrupting. Key in on the emotions they are feeling.
- Repeat back what they say using their own words.
- Express concern about them and a willingness to help. People who survive a suicide attempt are shocked to find many people cared about them.
- Be a lifesaver not a roadblock. If someone tells you they are suicidal, it is often a plea for help. Help them get the help they need.



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Unhelpful Approaches | exit

■ *Unhelpful Approaches*

- ☒ Taking them drinking
- ☒ Ignoring or not taking the problem seriously
- ☒ Using reverse psychology "Do it"
- ☒ Keeping it secret
- ☒ Being judgmental
- ☒ Trying to convince them they are not suicidal



Unhelpful Approaches

- What are some things you want to avoid when talking to someone with whom you have concerns?

Taking Them Drinking

- Alcohol increases impulsivity and reduces good decision making. Misusing alcohol increases the likelihood you will make a bad made decision about how to cope with problems.

Ignoring

The biggest mistake you can make is failing to take someone seriously when they talk about wanting to kill themselves or end it all.

Reverse Psychology


Don't use "reverse psychology." You will not talk someone out of killing themselves by challenging them to do it. All you do is confirm to them that you are a jerk and no one cares.

Being Judgmental

- "That is stupid." It shuts people down so they are less likely to tell you they need help.

Convincing Them They Are Not Suicidal

- "You are just thinking like that because you have had a bad day, you will feel better tomorrow." All that does is confirm you do not understand them.


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Intervening When Immediate Action is Required

Call

- ☒ Duty hours: Life Skills Support Center
- ☒ After duty hours: Emergency Department (ED)
- ☒ No ED on base: Civilian ED
- ☒ Commander and First Shirt


Don't leave person unattended

Remove potential means of self-harm

Security

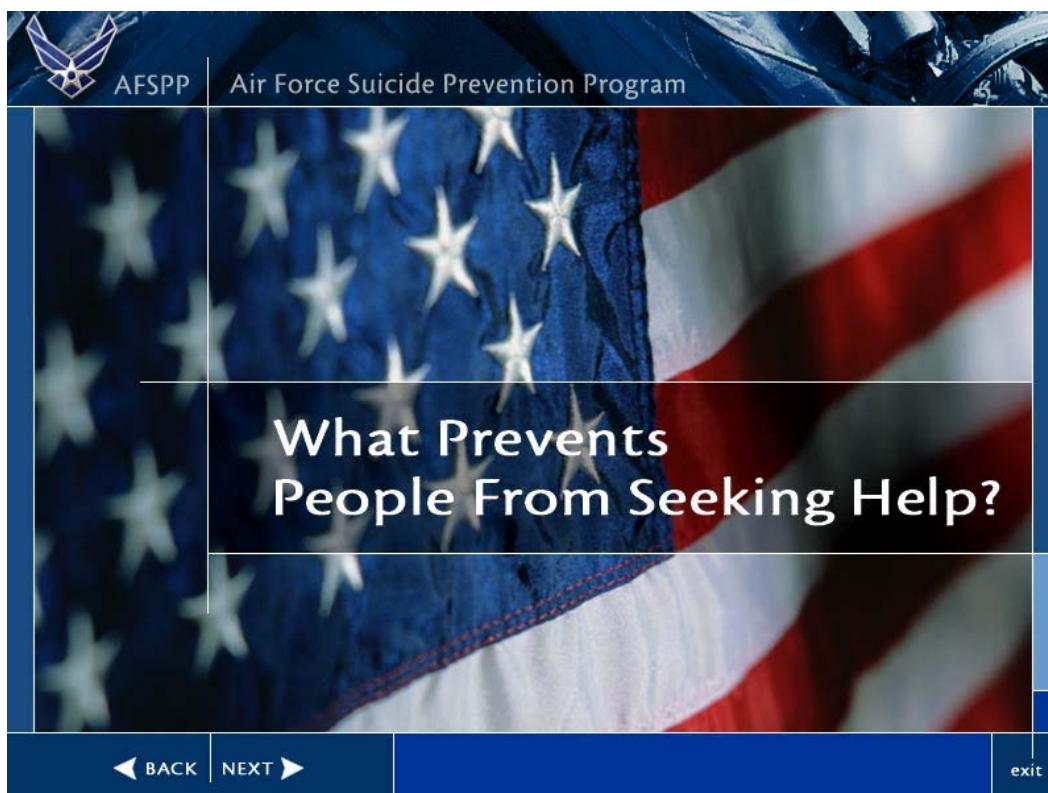
Have person transported and evaluated

Mental health feedback



What Should You Do If Someone Says They Are Suicidal And Have A Plan To Carry Out Their Wish To Die?

- **Call**
 - Suicidal people need professional assistance.
 - They also need the support of their unit, call the commander and First Shirt to ensure their professional, personal, and family needs can be addressed (This is especially important in case action needs to be taken to ensure the person is kept safe).
- **Do not leave them alone** for any reason. If you must step away, assign a capable person to stay with the individual until assistance arrives. If they must retrieve something from their car, have someone else go to the car and remove the item. Suicidal people have jumped in their cars and driven off.
- **Remove all potential means of self-harm** from their proximity, such as firearms, pills, automobiles, knives, and ropes, etc. Don't laugh, these mistakes have occurred before.
- **Involve the Security Forces if necessary** to protect the person from themselves, the person may be so intent on harming themselves they become dangerous to those trying to help them.
- **Transportation:** Rely on the advice of the Life Skills Support Center or ED on whether you should transport the person or whether an ambulance should transport them for an evaluation.
- **Sufficient personnel:** If an ambulance is not available for transport, ensure you have sufficient personnel in the car to prevent the person from exiting the car during transport.
- **Feedback:** Have someone accompany the person to serve as the POC during and after the evaluation. Have the POC ensure the mental health provider has a telephone number for command feedback after the evaluation is conducted. Mental health has limits on who they can speak to, the best approach is to have the POC be the commander or First Shirt.




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What Prevents People From Seeking Help?


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- *Denial*
- *Avoidance*
- *Fear seeking help will impact job*
- *Fear chain of command will be contacted*
- *Example*



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What Prevents People From Seeking Help

exit

What Prevents People From Seeking Help?

Denial

- There is denial that occurs in the early stages of a problem's development. Is it easier to stop a 50 pound ball that has rolled an inch at the top of a hill, or to wait until it has rolled hundreds of feet downhill at a speed of 40 miles an hour?
- There is denial in our loved ones and co-workers who convince themselves the situation is not that serious. If there is any question about suicidality, a mental health person needs to be involved.

Avoidance

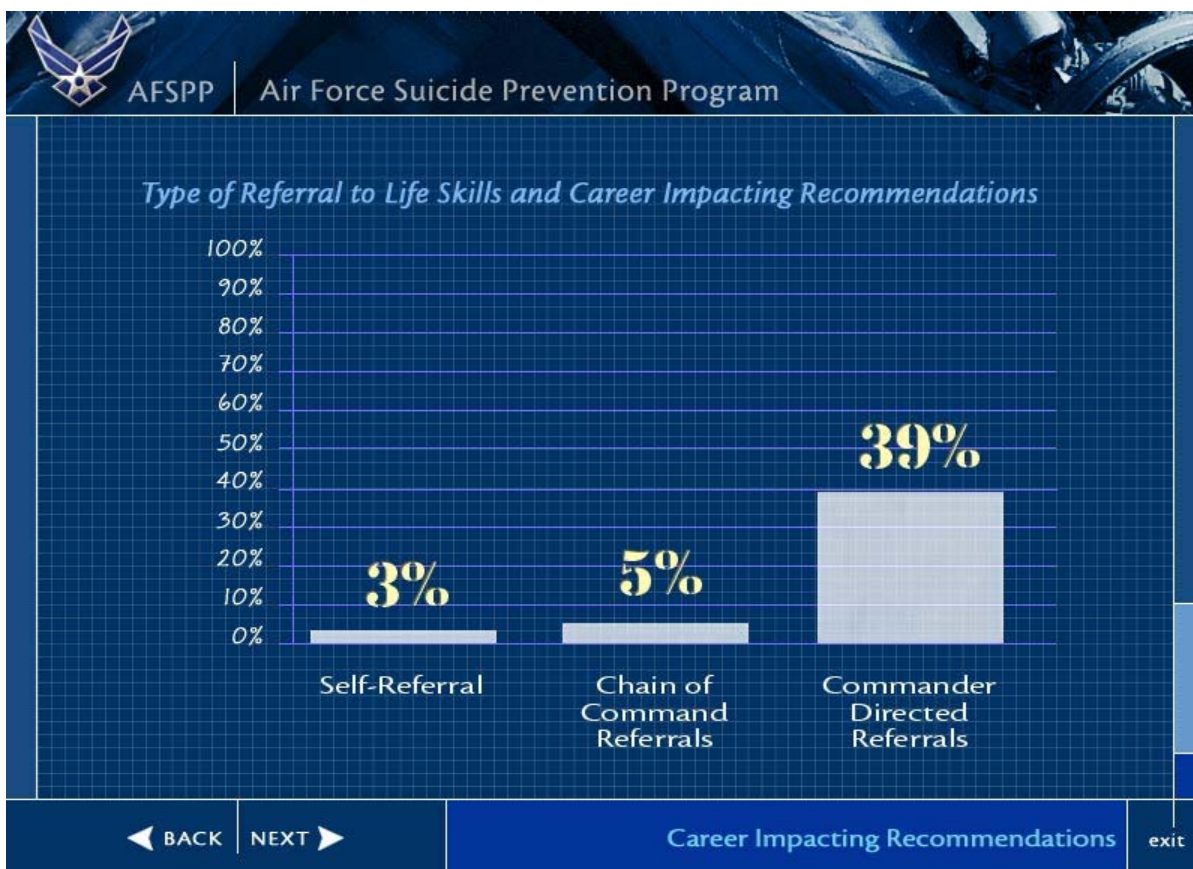
- Many people hope that by avoiding a problem it will go away, has that ever worked with a flat tire?
- Joking with the person and changing the topic is the wrong approach.
- You may be the only person they are confiding in, don't you want to make sure their faith in you is warranted by getting them the help they may be indirectly asking you to get for them.

Fear

- About the impact of seeking help on one's job and fear about command being contacted will be discussed on the next two slides.

Example Suicide Situation

- Airman's girlfriend decided to leave him. Friends noticed he was drinking more and thought the best way to help him was to party and drink with him. He worked mid-shifts in an office that was pretty isolated. One night while working he decided to overdose on medication and alcohol. The next morning at shift change friends/co-workers found the work place a mess and he was passed out on the floor. They did not want to get him in "trouble" so they gathered him up and took him home. The supervisor came in and noticed the mess, reluctantly the co-workers described what had happened. The supervisor immediately dispatched an ambulance to the house where they were able to get him to the hospital in time to save his life.
- What were the cues that something was wrong and this person needed help?



Fear Seeking Help Will Impact Job

- Its ironic, some people mistakenly believe seeking help will negatively impact their career, yet by putting off getting help, their job performance is negatively impacted and they may become disqualified from their job because of the accumulation of Letters of Counseling, Letters of Reprimand, poor performance evaluations, Article 15s, etc.
- It's the impaired performance that impacts the job, not seeking help.
- People need to seek help early before their problems expand to the severity that everyone recognizes there is a problem.

Study

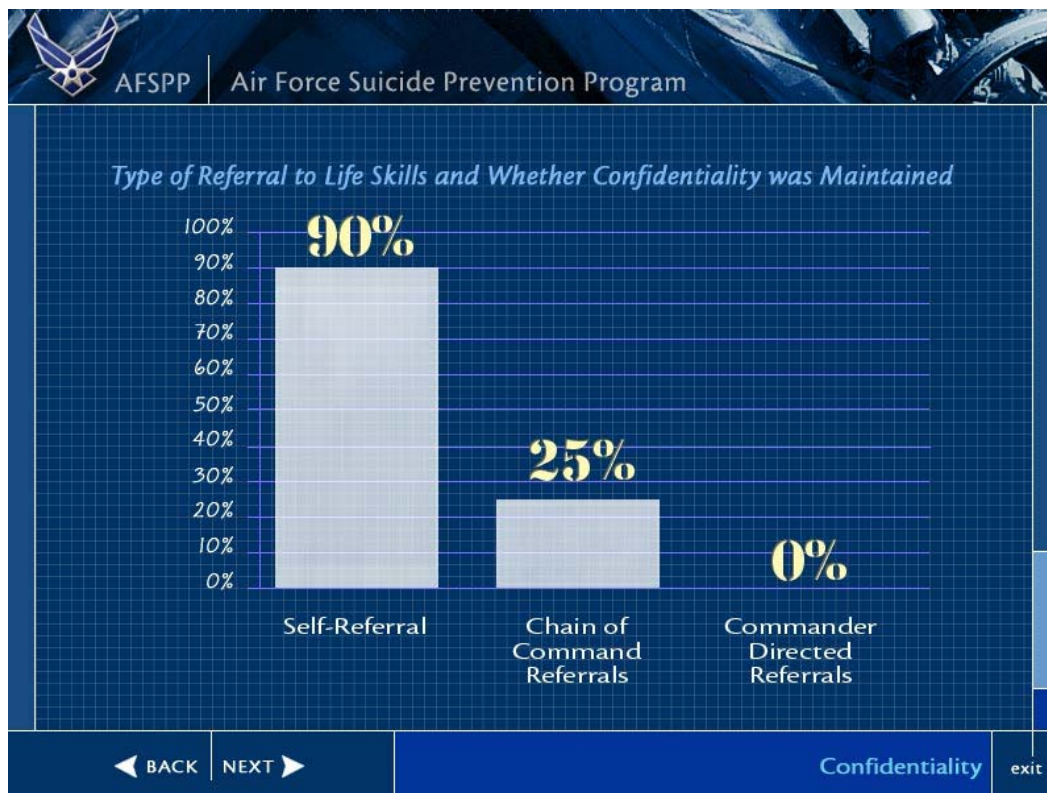
- A study was performed involving 1205 Airmen who sought assistance from the Life Skills Support Centers (LSSCs) at 8 bases during 2002.
- Self-Referrals: 3% career impacting recommendations made by LSSCs
- Chain of Command Referral (anyone in the Airman's chain of command encouraging them to seek treatment but not mandating it, most of the time it is the immediate supervisor): 5% career impacting recommendations
- Command Directed Evaluations: 39% career impacting recommendations

Study Facts on People Who Visited LSSCs

- 69% either had no diagnosis or one that quickly improved: 19% no diagnosis; 31% normal life situations such as marital, parenting, work problems; 19% that involved adjusting to life situations that resolved quickly.

Lesson Learned

- Getting help early can save your life and career.




Study

- The same study mentioned on the previous slide also examined the issue of confidentiality and visits to LSSCs.
- Again the study was performed involving 1205 Airmen who sought assistance from the Life Skills Support Centers at 8 bases during 2002.
- Self-Referrals: 90% no contact made with unit; when contact was made 70% were simply to inform command that there were no concerns or to provide recommendations to support the Airman.
- Chain of Command Referral (anyone in the Airman's chain of command encouraging them to seek treatment but not mandating it, most of the time it is the immediate supervisor): 25% of the time no contact made with unit; when contact was made, 93% were simply to inform command that there were no concerns or to provide recommendations to support the Airman.
- Command Directed Evaluations: contact with command always made; by regulation the command is provided a written report of pertinent findings from the evaluation.

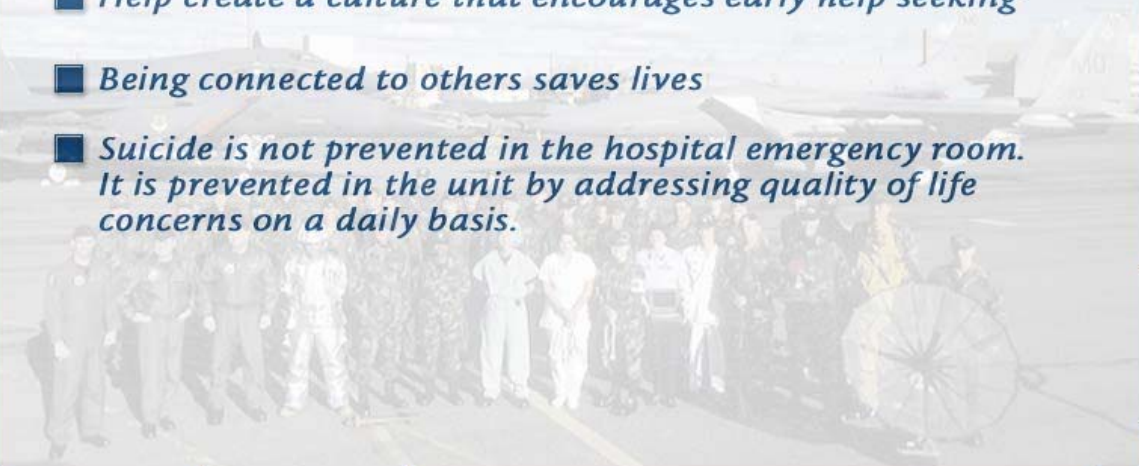

Information Shared

- Information typically only shared with Commander and/or First Shirt.
- The contact is usually to answer questions regarding safety, fitness for duty, and whether there is anything the command can do to help.
- Minimal information placed in medical record, no medical information is placed in your personnel record.
- If not World Wide Qualified, he/she is put on temporary medical profile so he/she can complete treatment.
- Commanders and First Shirts are frequently a tremendous asset in addressing scheduling issues to allow members to pursue help and collaborating with Airmen in finding resources to address work/family issues.



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- *Suicide prevention is everyone's responsibility*
- *Help create a culture that encourages early help seeking*
- *Being connected to others saves lives*
- *Suicide is not prevented in the hospital emergency room. It is prevented in the unit by addressing quality of life concerns on a daily basis.*



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Conclusion: Community Responsibility

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Additional Resources

If additional suicide prevention material is requested, please see the Air Force Suicide Prevention Website <https://www.afms.mil/afspp> under the button Products for a listing of all suicide prevention products that are available.